



**STATE OF CONNECTICUT**  
**DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES**  
*A Healthcare Service Agency*

Dannel P. Malloy  
Governor

Patricia A. Rehmer, MSN  
Commissioner

**Testimony of Michael Norko, MD**  
**Director of Forensic Services**  
**Department of Mental Health and Addiction Services**  
**Before the Judiciary Committee**  
**April 8, 2011**

Good afternoon, Senator Coleman, Representative Fox, and distinguished members of the Judiciary Committee. I am Dr. Michael Norko, Director of Forensic Services for the Department of Mental Health and Addiction Services (DMHAS), and I am here today to **raise our concerns about Raised Bill 6648, An Act Concerning a Clinical Assessment of First-Time Offenders.**

The overall approach entailed in this bill of encouraging police officers to bring individuals with mental health needs to mental health services rather than to arrest and arraignment is already in place in Connecticut in our Crisis Intervention Team (CIT) trainings and implementation. This is a state-funded program administered through DMHAS (funded under Prison and Jail Overcrowding initiatives) that provides CIT clinicians and CIT-trained police officers and police departments. Additionally, police officers in Connecticut already have the ability under Section 17a-503 of our statutes to take a person to a hospital for emergency examination when the individual is believed to be dangerous or gravely disabled and in need of care.

Dedicated CIT clinicians serve police departments in Hartford, Bridgeport, Waterbury, Norwich/New London, Groton, and Stamford, and individual police officers have been trained all over the state. CIT clinicians: 1) follow up with people whom the police have dealt with in the community to attempt to engage them in services or communicate with existing treatment providers; 2) meet with individuals at the site of a police call; 3) provide liaison services between Emergency Departments (ED) and the police for people brought to the ED by the police; 4) develop collaboration between police and local service providers; 5) assess individuals for suicidality at police lockup; and 6) consult with police regarding problem cases. CIT clinicians assist police with over 1,000 persons/year – more often as follow-up than on-site with police.

CIT trained police officers develop the ability and confidence to deal with persons with mental health needs without the presence of a clinician and refer individuals to treatment services. CIT provides a five-day, 40-hour training (based on the Memphis model) and one-day refresher course for police officers on dealing with persons with psychiatric disorders. As of January 1, 2011, approximately 811 police officers and 207 others (police department dispatchers, Correctional Officers, Parole Officers, Probation Officers, and mental health staff) have attended the 40-hour training.

As of January 1, 2011, approximately 30 police departments (state, municipal, college, hospital) have a CIT policy and a sufficient number of CIT-trained officers to provide a CIT response to their jurisdiction. Another 28 police departments have at least one officer who has attended CIT training and many of these intend to have more officers trained. In October 2010, approximately 200 CIT-trained police officers, other responders and mental health staff attended the one-day DMHAS-funded Connecticut CIT Symposium. This spring, 5 new police departments will be sending their officers to CIT trainings.

CIT-trained officers report that they use their CIT knowledge and skills on all calls, whether or not the call involves a person with a psychiatric disorder. Assistance by the CIT clinicians has improved engagement in services and interagency collaboration for persons with psychiatric disorders. DMHAS funds CIT training and consultation to police departments by the Connecticut Alliance to Benefit Law Enforcement, Inc. (CABLE) and also funds outreach and infrastructure support to communities and mental health providers by NAMI-CT.

Several municipal police departments have rejected offers of CIT training for their agencies. DMHAS in collaboration with the Connecticut Alliance to Benefit Law Enforcement, NAMI and the Regional Mental Health Boards are conducting outreach efforts to engage community leaders, local service providers and law enforcement agencies to the benefits of CIT. Our experience demonstrates that this training must be undertaken voluntarily for it to be effective. Thus, it would be counterproductive to attempt to train all police officers in CIT.

However, we also know that we only need 15-20% of a department's officers to be trained (plus the development of local police policy) in order to have an effective CIT response in a given community. Dictated by policy, a dispatcher will send a CIT officer who is on patrol to an identified mental health call if he or she is available. Departments are encouraged to have a number of CIT officers to cover each shift. There are 107 police departments that are members of the CT Chiefs of Police Association. There are over 8,000 officers in Connecticut who have not been trained in CIT. In the last two fiscal years, we have trained 172 police officers. To train 15-20% of all officers would cost approximately \$1.3 million. However, it also takes time and the voluntary cooperation of officers and departments. We continue to expand the number of officers and departments each year. We believe that this is the most effective way to achieve the early diversion of individuals with psychiatric disabilities from the criminal justice system.

Thank you for your time and attention to this matter.